## **QUALITY ASSURANCE (QA) CHECKLIST**

## LOCAL AGENCY CHECKLIST FOR QA SAMPLE

This form must be **completed and attached** to the case record **prior** to submitting the record for QA review.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

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Case Name	Case Number
PLEASE CHECK	ITEMS TO CHECK
☐ Yes ☐ No ☐ NA	FRAUD  Has the case been referred for fraud investigation? If yes, is a copy of the referral or work in progress notes in the case record?
	Please add case comments to the case file after you receive notice of the QA sample pull to explain any budgeting or eligibility issues on this case. They may help the QA reviewer understand and agree with any unusual circumstances.
☐ Yes ☐ No ☐ NA	Is documentation and verification in the case record completed for the most current review or change in the following areas?  • Household Composition
Yes No NA   Yes No NA   Yes No NA	<ul> <li>Earned income {i.e. AFEI or CMCC, 4.3, 2.15, averaged, etc.}</li> <li>Unearned Income</li> <li>Shelter Expense</li> </ul>
☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA	<ul> <li>Child Care Expense</li> <li>KIDS checked for child support paid out or received by household</li> </ul>
If <b>NO</b> was checked above, please explain what was used to determine eligibility.	
If a <b>CHANGE</b> has been reported is the verification: (Check) ☐ Requested ☐ Received ☐ Implemented Explain: (Dates)	
A QA reviewer may be contacting you in the near future to discuss the case details.  Signature of person completing this form  Date Signed	
Title	Phone ( )